

**Canes/Walkers Detailed Written Order Prior to Delivery**

Patient Name: Account #:                      Patient DOB: Height                              Weight <input type="checkbox"/> <b>Face Sheet/Demographics Faxed</b>	Order Date  <p style="text-align: center;"><b>Chart Notes Attached</b>                  (Chart notes must include the need for the equipment being ordered)</p>
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I, the Physician, have treated this patient for a condition that supports the need and have discussed the need for this medical equipment with the patient and caregivers. I have documented the following information and the need for this equipment in the patient's most recent chart notes. **Date of visit prior to order:**

<b>DIAGNOSIS</b> (Check appropriate diagnosis below)		Length of Need in Months _____ (99 = Lifetime)	
<input type="checkbox"/> Alzheimer's	<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Rheumatoid Arthritis	
<input type="checkbox"/> CHF	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Other	
<input type="checkbox"/> CVA	<input type="checkbox"/> Parkinson's	<input type="checkbox"/> Other	

<b>EQUIPMENT</b> (Check equipment below)			
<input type="checkbox"/> Small Base Quad Cane <input type="checkbox"/> Large Base Quad Cane  	<input type="checkbox"/> Standard Crutches <input type="checkbox"/> Forearm Crutches  	<input type="checkbox"/> Folding Walker <input type="checkbox"/> Folding Walker w/ Wheels <input type="checkbox"/> Hemi Walker <input type="checkbox"/> Heavy Duty Walker (301 lbs. +) <input type="checkbox"/> Wheel Attachment (Pair)  	<input type="checkbox"/> Heavy Duty Cane (301 lbs. +) <input type="checkbox"/> Straight Cane  
<input type="checkbox"/> Walker with Wheels, Seat, Brake <input type="checkbox"/> Heavy Duty Walker (301 lbs. +)  		<input type="checkbox"/> U-Step Neuro Walker (Chart Notes Required) Platform Attachment  	

**NECESSITY FOR MOBILITY ASSISTIVE EQUIPMENT (MAE)** (Check all that apply)

Does the patient have a mobility limitation that impairs participation in Mobility Required Activities of Daily Living in the home?  
 **Yes.** If yes, go to the next question.     **No. If No, Stop!** Patient does not qualify.

Can patient limitation be compensated for by the addition of the equipment to improve the ability to participate in Mobility Required Activities of Daily Living in the home?  
 **Yes.** If yes, go to the next question.     **No. If No, Stop!** Patient does not qualify.

Is the patient capable and willing to operate the equipment safely in the home?  
 **Yes.** If yes, go to the next question.     **No. If No, Stop!** Patient does not qualify.

Can the mobility deficit be safely resolved by the equipment described above?  
 **Yes.** If yes, complete the order.     **No. If No, Stop!** Patient does not qualify.

<b>Prescribing Physician's Information</b>	
Name & Credentials	NPI #
Telephone	Fax
Signature	Signature Date
(Stamped signature not accepted)	

***If filled out completely, this form serves as proof that patient was seen by the physician within 6 months prior to the date of order.***

Canes, crutches, standard walkers and related accessories are covered if all of the following criteria 1 through 3 are met:

1. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home. A mobility limitation is one that:  
Prevents the beneficiary from accomplishing the MRADL entirely, **or**  
Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, **or**  
Prevents the beneficiary from completing the MRADL within a reasonable time frame **and**
2. The beneficiary is able to safely use the equipment; **and**
3. The functional mobility deficit can be sufficiently resolved with use of the equipment.

If all of the criteria are not met, the equipment will be denied as not reasonable and necessary.

A heavy duty walker (E0148, E0149) is covered for beneficiaries who meet coverage criteria for a standard walker and who weigh more than 300 pounds. If an (E0148 or E0149) walker is provided and if the beneficiary weighs 300 pounds or less, it will be denied as not reasonable and necessary.

A heavy duty, multiple braking system, variable wheel resistance walker (E0147) is covered for beneficiaries who meet coverage criteria for a standard walker and who are unable to use a standard walker due to a severe neurologic disorder or other condition causing the restricted use of one hand. Obesity, by itself, is not a sufficient reason for an E0147 walker. If an E0147 walker is provided and if the additional coverage criteria are not met, it will be denied as not reasonable and necessary.

**Medicare requires that it is a physician (MD, DO, or DPM), physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS) perform the office visit examination with the beneficiary.**

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**MICHIGAN LOCATIONS**

**CENTER LINE**

Corporate & Retail Location  
26834 Lawrence  
Center Line, MI 48015  
586-755-2300

**888-BINSONS**

Fax: 586-755-2322

**DEARBORN**

5250 Auto Club Dr

**EASTPOINTE**

21571 Kelly Rd

**FARMINGTON HILLS**

**Tri-Atria Building**

32255 Northwestern

**Hwy FLINT**

G-4433 Miller Rd

**LIVONIA**

13450 Farmington Rd

**LIVONIA**

St. Mary Mercy Hospital

36475 5 Mile Rd

**ROYAL OAK**

30475 Woodward Ave

**SAGINAW**

5599 Bay Rd

**SOUTHGATE**

18800 Eureka Rd

**STERLING**

**HEIGHTS**

43900 Schoenherr Rd

**TROY**

6475 Rochester Rd

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**FLORIDA LOCATION**

**LONGWOOD**

830 S. Ronald Reagan Blvd  
866-928-0003